

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U -

12348

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

3. Name and address of person filing.

Name Carol M Sato

P.O. Box, Bldg., Room No., if any

Street 3550 Tamarack Ave. #3706

City Brea

State California

ZIP Code + 4 92821

4. Name, file number, and address of labor organization.

Name American Federation of Musicians

Labor Organization File Number 000-207

P.O. Box, Building and Room Number, if any

Street 1501 Broadway, Suite 600

City New York

State New York

ZIP Code + 4 10036

5. Position in labor organization.

Exec.Dir./Assistant to President

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

7.a. Nature of Interest, Transaction, or Income.

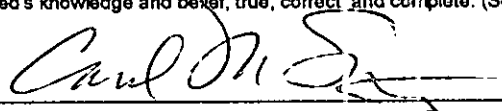
7.b. Amount.

\$0

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct and complete. (See the section on penalties in the instructions.)

Signed



On

8/15/2005

Date

646-269-3389

Telephone Number



Part C Continuation Page

<b>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</b>	
<b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b>  Name Robert Johnson  Trade Name, if any: Disney  P.O. Box, Bldg., Room No., if any  Street 500 South Buena Vista  City Burbank  State California                      ZIP Code + 4 91521-7468	<b>14.a. Nature of payment.</b>  Business Lunch
<b>13.b. Is the Business an Employer</b> <input checked="" type="checkbox"/> <b>or Consultant</b> ?	<b>14.b. Amount of payment.</b>  <div style="text-align: right;">\$35</div>

<b>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</b>	
<b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b>  Name Rebecca Morellato  Trade Name, if any: 20th Century Fox  P.O. Box, Bldg., Room No., if any  Street PO Box 900  City Beverly Hills  State California                      ZIP Code + 4 90213	<b>14.a. Nature of payment.</b>  Business Lunch
<b>13.b. Is the Business an Employer</b> <input checked="" type="checkbox"/> <b>or Consultant</b> ?	<b>14.b. Amount of payment.</b>  <div style="text-align: right;">\$35</div>

<b>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</b>	
<b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b>  Name TEAM Music  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 2950 N. Hollywood Way, #210  City Burbank  State California                      ZIP Code + 4 92505	<b>14.a. Nature of payment.</b>  Christmas Gift - Mrs. Beasleys cookies & Muffins gift basket for office staff
<b>13.b. Is the Business an Employer</b> <input checked="" type="checkbox"/> <b>or Consultant</b> ?	<b>14.b. Amount of payment.</b>  <div style="text-align: right;">\$80</div>

Name of Person Filing Carol Sato	12/31/2004	File Number U-
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Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name Norman Samnick  Trade Name, if any: Bryan Cave  P.O. Box, Bldg., Room No., if any  Street 1290 Avenue of the Americas  City New York  State New York                      ZIP Code + 4 10104	14.a. Nature of payment.  Business Lunch	
13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. <span style="float: right;">\$40</span>	

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State                      ZIP Code + 4	14.a. Nature of payment.	
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment.	

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State                      ZIP Code + 4	14.a. Nature of payment.	
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment.	